

**Senate File 457 - Introduced**

SENATE FILE 457  
BY COMMITTEE ON HUMAN  
RESOURCES

(SUCCESSOR TO SSB 1147)

**A BILL FOR**

- 1 An Act relating to stroke care quality improvement.
- 2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. NEW SECTION. 147A.30 Definitions.

2 As used in this subchapter, unless the context otherwise  
3 requires:

4 1. "Department" means the department of public health.

5 2. "Emergency medical services" or "EMS" means as defined  
6 in section 147A.1.

7 3. "Emergency medical services medical director" means as  
8 defined in section 147A.1.

9 Sec. 2. NEW SECTION. 147A.31 Designations — level of care  
10 relating to stroke.

11 1. The department shall recognize accreditation by the  
12 American heart association, the joint commission on the  
13 accreditation of health care organizations, or other nationally  
14 recognized organization that provides such accreditation, for  
15 certification of a hospital as a comprehensive stroke center,  
16 a primary stroke center, or an acute stroke-ready hospital,  
17 as applicable, if the hospital is in good standing with and  
18 maintains certification through such national organization.

19 2. The department may suspend or revoke a hospital's  
20 certification as a comprehensive stroke center, primary stroke  
21 center, or acute stroke-ready hospital, after notice and  
22 hearing, if the department determines that the hospital is not  
23 in compliance with the requirements of this section or the  
24 rules adopted under this section.

25 3. Comprehensive stroke centers and primary stroke centers  
26 are encouraged to coordinate efforts, through coordinated  
27 stroke care agreements with acute stroke-ready hospitals  
28 throughout the state, to provide appropriate access to care for  
29 acute stroke patients. The coordinating stroke care agreement  
30 shall be in writing and shall include, at a minimum, all of the  
31 following:

32 a. Transfer agreements for the transport of a stroke patient  
33 from an acute stroke-ready hospital to a comprehensive stroke  
34 center or primary stroke center for the purpose of stroke  
35 treatment therapies which the acute stroke-ready hospital is

1 not capable of providing.

2 *b.* Communication criteria and protocols with the acute  
3 stroke-ready hospital.

4 **Sec. 3. NEW SECTION. 147A.32 Stroke triage assessment.**

5 1. By January 15, annually, the department shall forward the  
6 current list of the designated comprehensive stroke centers,  
7 primary stroke centers, and acute stroke-ready hospitals,  
8 to the medical director of each licensed emergency medical  
9 services provider in the state. The department shall maintain  
10 a copy of the list in the bureau of emergency and trauma  
11 services within the department and shall post the list on the  
12 department's internet site.

13 2. The department shall specify by rules adopted pursuant to  
14 chapter 17A a nationally recognized standardized sample stroke  
15 triage assessment tool. The department shall distribute the  
16 sample stroke triage assessment tool to each licensed emergency  
17 medical services provider and shall post the tool on the  
18 department's internet site. Each licensed emergency medical  
19 services provider shall use the sample stroke triage assessment  
20 tool adopted by rules of the department or, alternatively, a  
21 stroke triage assessment tool that is substantially similar to  
22 the sample stroke triage assessment tool as part of the state  
23 stroke triage process.

24 3. All licensed emergency medical services providers in the  
25 state shall establish prehospital care protocols related to  
26 the assessment, treatment, and transport of stroke patients by  
27 licensed emergency medical services providers. Such protocols  
28 shall include the development and implementation of plans  
29 for the triage and transport of acute stroke patients to the  
30 closest comprehensive stroke center, primary stroke center, or,  
31 when appropriate, to an acute stroke-ready hospital, within a  
32 specified time relative to the onset of a patient's symptoms.

33 4. All licensed emergency medical services providers  
34 in the state shall establish, as part of current training  
35 requirements, protocols to assure that licensed emergency

1 medical services providers and 911 dispatch personnel receive  
2 regular training on the assessment and treatment of stroke  
3 patients.

4 5. All data reported under this section shall be made  
5 available to the department and to any other agency that  
6 has responsibility for the management and administration of  
7 emergency medical services throughout the state.

8 6. This section shall not be construed to require disclosure  
9 of any confidential information or other data in violation of  
10 the federal Health Insurance Portability and Accountability Act  
11 of 1996, Pub. L. No. 104-191.

12 Sec. 4. NEW SECTION. 147A.33 **Continuous quality improvement**  
13 **for persons with stroke.**

14 1. The department shall establish and implement a plan for  
15 achieving continuous quality improvement in the care provided  
16 under a statewide system for stroke response and treatment.  
17 In implementing the plan, the department shall do all of the  
18 following:

19 a. Maintain a statewide stroke database that compiles  
20 information and statistics on stroke care that align with  
21 the stroke consensus metrics developed and approved by the  
22 American heart association and the American stroke association.  
23 The department shall utilize the "get with the guidelines -  
24 stroke" or another nationally recognized data set platform with  
25 confidentiality standards no less secure than those utilized  
26 by the department for the statewide stroke database. To the  
27 extent possible, the department shall coordinate with national  
28 voluntary health organizations involved in stroke quality  
29 improvement to avoid duplication and redundancy.

30 b. Require comprehensive stroke centers and primary  
31 stroke centers and encourage acute stroke-ready hospitals and  
32 emergency medical services providers to report data consistent  
33 with nationally recognized guidelines on the treatment of  
34 individuals with confirmed stroke within the state.

35 2. All data reported under this section shall be made

1 available to the department and to any other agencies that  
2 have responsibility for the management and administration of  
3 emergency medical services throughout the state.

4 3. Beginning September 1, 2017, and by each September 1,  
5 thereafter, the department shall provide a summary report of  
6 the data collected under this section to the governor and the  
7 general assembly summarizing the progress made in improving  
8 quality of care and patient outcomes for individuals with  
9 stroke. All data shall be reported in the aggregate form and  
10 shall be posted on the department's internet site.

11 EXPLANATION

12 The inclusion of this explanation does not constitute agreement with  
13 the explanation's substance by the members of the general assembly.

14 This bill relates to stroke care quality improvement.

15 The bill provides for recognition by the department of  
16 public health of accreditation by nationally recognized  
17 organizations that provide accreditation, for certification of  
18 a hospital as a comprehensive stroke center, a primary stroke  
19 center, or an acute stroke-ready hospital, as applicable,  
20 if the hospital is in good standing with and maintains  
21 certification through such national organization.

22 The bill provides for suspension or revocation of a  
23 hospital's certification as a comprehensive stroke center,  
24 primary stroke center, or acute stroke-ready hospital, after  
25 notice and hearing, if the department determines that the  
26 hospital is not in compliance with the requirements of the bill  
27 or the rules adopted under the bill.

28 The bill encourages comprehensive stroke centers and primary  
29 stroke centers to coordinate efforts, through coordinated  
30 stroke care agreements, with acute stroke-ready hospitals  
31 throughout the state, to provide appropriate access to care  
32 for acute stroke patients. The coordinating stroke care  
33 agreement shall be in writing and shall include, at a minimum,  
34 transfer agreements between acute stroke-ready hospitals  
35 and comprehensive stroke centers or primary stroke centers

1 and communication criteria and protocols with the acute  
2 stroke-ready hospital.

3 The bill requires that by January 15, annually, DPH shall  
4 forward the current list of the designated comprehensive  
5 stroke centers, primary stroke centers, and acute stroke-ready  
6 hospitals, to the medical director of each licensed emergency  
7 medical services provider in the state, maintain a copy of the  
8 list, and post the list on the department's internet site.  
9 The department shall specify by rule a nationally recognized  
10 standardized sample stroke triage assessment tool, distribute  
11 the tool to each licensed emergency medical services provider  
12 and post the tool on the department's internet site. Each  
13 licensed emergency medical services provider shall use the  
14 sample tool or, alternatively, a stroke triage assessment tool  
15 that is substantially similar to the sample tool as part of the  
16 state stroke triage process.

17 The bill requires all licensed emergency medical services  
18 providers in the state to establish prehospital care protocols  
19 related to the assessment, treatment, and transport of stroke  
20 patients.

21 All licensed emergency medical services providers are  
22 also required to establish, as part of current training  
23 requirements, protocols to assure that licensed emergency  
24 medical services providers and 911 dispatch personnel receive  
25 regular training on the assessment and treatment of stroke  
26 patients.

27 The bill requires DPH to establish and implement a plan  
28 for achieving continuous quality improvement in the care  
29 provided under a statewide system for stroke response and  
30 treatment. In implementing the plan, the department shall:  
31 maintain a statewide stroke database that compiles information  
32 and statistics on stroke care; and require comprehensive  
33 stroke centers and primary stroke centers and encourage acute  
34 stroke-ready hospitals and emergency medical services providers  
35 to report data consistent with nationally recognized guidelines

1 on the treatment of individuals with confirmed stroke within  
2 the state.

3 The bill requires that beginning September 1, 2017, and  
4 by each September 1, thereafter, DPH shall provide a summary  
5 report of the data collected to the governor and the general  
6 assembly summarizing the progress made in improving quality of  
7 care and patient outcomes for individuals with stroke. All  
8 data shall be reported in the aggregate form and shall be  
9 posted on the department's internet site.